Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Filing at a Glance

Company: American Hallmark Insurance Company of Texas

Product Name: Homeowners SERFF Tr Num: PHXN-125923661 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: #? \$50 Sub-TOI: 04.0000 Homeowners Sub-TOI Co Tr Num: HO-AR112008OS State Status: Fees verified

Combinations

Filing Type: Form Co Status: Reviewer(s): Becky Harrington,

Betty Montesi

Author: Chris Tsakiris Disposition Date: 01/14/2009
Date Submitted: 01/08/2009 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Other Structures Exclusion Status of Filing in Domicile: Authorized

Project Number: HO-AR112008OS Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/14/2009

State Status Changed: 01/14/2009 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Hallmark Insurance Company of Texas is submitting for your approval an Other Structures Exclusion

Endorsement for use with our Homeowners Program.

Company and Contact

Filing Contact Information

Chris Tsakiris, Underwriting Manager ctsakiris@phoenixautoins.com

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

14651 Dallas Parkway (800) 486-5616 [Phone]

Dallas, TX 75254

Filing Company Information

American Hallmark Insurance Company of CoCode: 43494 State of Domicile: Texas

Texas

14651 Dallas Parkway Group Code: 3478 Company Type: Property &

Casualty

Suite 400

Dallas, TX 75254 Group Name: Hallmark Insurance State ID Number:

Group

(972) 934-2400 ext. 5762[Phone] FEIN Number: 75-1817901

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/14/2009	01/14/2009

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Disposition

Disposition Date: 01/14/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees.

Rate data does NOT apply to filing.

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Item Type Item Name Item Status Public Access

Yes

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Form OTHER STRUCTURES EXCLUSION Approved Yes

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	OTHER	HIC 0009	11 08	Endorseme New			HIC 0009 11
	STRUCTURES			nt/Amendm			08- OTHER
	EXCLUSION			ent/Conditi			STRUCTUR
				ons			ES
							EXCLUSION
							.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OTHER STRUCTURES EXCLUSION

FOR USE WITH FORMS HO 00 02 AND HO 00 03

Description Of Excluded Structure(s)
Entries may be left blank if shown elsewhere in this policy for this coverage.

Under SECTION I- PROPERTY COVERAGES, Coverage B – Other Structures, there is no coverage provided for the Other Structures listed on this endorsement.

HIC 0009 11 08 Page 1 of 1

Company Tracking Number: HO-AR112008OS

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: Homeowners

Project Name/Number: Other Structures Exclusion/HO-AR112008OS

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 01/14/2009

Property & Casualty

Comments:

Attachment:

AR HO OS.pdf

From: unknown Page: 2/9 Date: 1/8/2009 3:47:31 PM

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

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1. Reserved for Insurance Dept. Use Only			Insurance Department Use only a. Date the filing is received:						
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3.	Group Name								Group NAIC #
	American Hallmark Insurance Co	mpany of T			·				3478-43494
4.	Company Name(s)		Dom	nicile	NAIC#		FEIN#		State #
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Cor	ntact Info of Filer(s) or Corporate Name and address Chris Tsakiris P.O. Box 250209	Officer(s) Title		lude toll Telep	-free numb hone #s			ctsakir	e-mail ris@hallmarkinsco.com
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Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking # HO-AR112008OS
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	American Hallmark Insurance Company of Texas is submitting for your approval an Other Structures Exclusion Endorsement for use with our Homeowners Program.
ı	
	View Complete Filing Description
22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	nount: \$50.00
calcu	to each state's checklist for additional state specific requirements or instructions on lating fees.
***R	efer to the each state's checklist for additional state specific requirements (i.e. # of additional copies

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

Page: 4/9

Date: 1/8/2009 3:47:32 PM

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking # HO-AR112008OS						
	This filing corresponds to rate/rule filing number					
3.	/Description/Synopsis	Include edition date	Or withdrawn?	give form # it replaces	filing number, if required by state	
01	Other Structures Exclusion	HIC 0009 11 08	☑ New ☐ Replacement ☐ Withdrawn			
02			☐ New ☐ Replacement ☐ Withdrawn			
03			☐ New ☐ Replacement ☐ Withdrawn			
04	Service on the service of the servic		☐ New ☐ Replacement ☐ Withdrawn			
05			☐ New ☐ Replacement ☐ Withdrawn			
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08			☐ New ☐ Replacement ☐ Withdrawn			
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10			☐ New ☐ Replacement ☐ Withdrawn			

PC FFS-1

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ARKANSAS CERTIFICATE OF COMPLIANCE

	(You may prin	t or type the information required by t	nis jorm) FORM SELFCERT
CHE STATE	Brookland Davis	President	of
NAME OF THE PARTY	(Name) American Hallmark Insurance Comp	(Title of Authorized Officer any of Texas	
The state of the s	(Name of	Insurer)	
compliance and do hereblegal requirements under forms that are the subject 1. Upon information forms filed herewith are laws, including the: a. Arkansas Code b. Arkansas Rules c. Arkansas Insur Orders; d. Applicable filin applicable product checkline. Rulings and decent application of the relation o	and Regulations; ance Bulletins, Directives and ang requirements including the duct standards set forth in the sts; and cisions of any court of this state. acknowledge that the Commissioner will and if it is subsequently determined that the is false or misleading, appropriate	3. Pursuant to Ark. Code understand that by certifying that 1 hereof, it is not to be taken company as meaning that any in form may in any fashion be incommon law of Arkansas. 4. Pursuant to Ark. Code Aracknowledge that any insurance pinsurance form filed under this issued to an insured, and contains compliance with the requirement Arkansas, as set forth in paragrap applied in accordance with such have applied if the policy, rider, full compliance with the law.	nts of the laws of the State of h 1 hereof, shall be construed and condition or provision as would
	tion apply to all the companies in this f		. 41
Company Name(s)	companies does this Certification appl	y <i>:</i>	NAIC #
10.,.			
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Company Trac	cking Number HO-AR112008OS		
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	rure of Authorized Officer		·
Na		and Davis	·
T	Title of Authorized Officer Preside	ent	
Email addı	ress of Authorized Officer <u>bdavis(</u>	<u>@hallmarkinsco.com</u>	<u> </u>
Telephor	ne # of Authorized Officer ▶ 800-48	6-5616 Date ▶01/09/200)9

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@arkansas.gov AID PC SelfCert (4/30/03)